

120 Greylock Avenue  
Belleville, NJ 07109  
Tel: 973-759-5284  
Fax: 973-759-5794

2229610  
**Mack Enterprises,  
LLC**

# Transmittal

**To:** Rosalie@US EPA

**From:** Business Office

**Fax:**

**Pages:**

**Phone:**

**Date:** 04/02/12

**Re:**

**CC:**

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

Enclosed is an original notification we have mailed and was lost in the transit, so we are sending overnight as per your advice. We would need a proof that you have received it, please fax as per our conversation at 973-759-5794 and I have enclosed addressed envelope for hard copy.

I also enclosed and amendments to the original notification, which was already mailed by certified mail on April 2, 2012 but I'm using this opportunity to enclose it with the original one via overnight delivery.

Thanks for your cooperation and support.

*fax to: Mariana Lazendic  
973 759 5794*

*Per phone conv. 4.3.12 - will also mail you  
"Receipt" Hard Copy.*

Mariana Lazendic  
Business Office  
Mack Enterprises, LLC

*Rosalie Shepard  
212 637-4055  
U.S. EPA - DECA-AC3  
Region 2 - NYC*

**Asbestos Notification Home Mack Enterprises, LLC 25901225****Manage**[Amend Notification](#)[Notification History](#)[Make Payment](#)[Print Notification](#)[Cancel Notification](#)**District Information**

Questions or concerns regarding this project should be directed to the New York State Asbestos Control Bureau at the following district office:

District: **New York City**District Phone Number: **(212) 775-3538****Notification Information**Reference Number: **25901225**Status: **Notification Received**Date Received: **3/20/2012**Date Submitted: **3/20/2012**Type of Notification: **Initial Notification**Payment Status: **Paid in full**Date Payment Received: **3/20/2012**Date Payment Submitted: **3/20/2012****Project Information**Project Start Date: **4/1/2012**Project End Date: **9/1/2012****Worker Compensation Information**Worker Compensation  
Policy #:WC Exemption  
Certificate #:Number of your  
employees you expect  
to be on project:Will temporary workers  
be used?:If yes, name of  
temporary agency:**Employer Information**FEIN: **542075236**Company: **Mack Enterprises, LLC**

Apt/Suite:

Street 1: **61 W. Emerson Ave.**

Street 2:

City: **Rahway**

Province:

State: **New Jersey**Zip: **07065**Country: **United States**Asbestos License  
Number: **60028**

Mailing Street 1:

Mailing Street 2:

Mailing City:

Mailing Province:

Mailing State:

Mailing Zip:

**Duly Authorized Representative(DAR) Information**Name: **Dana Mihailovic**President: **Director**Phone Number: **973-759-5284**Email Address: **mackenterprises@earthlink.net****Project Location****Building Information**



ENV. PROT. AGENCY  
DESIGN  
2012 APR -3 AM 11: 52  
AIR COMPLIANCE BR.

**Asbestos Project Notification**

229610  
**Project Reference Number:** 25901225

**Type:** Initial Notification

**Status:** Notification Received

**Notification Received:** 3/20/2012

**Payment Status:** Unpaid

**Number of amendments:** 0

**Notification Entered By:** Mack Enterprises,  
LLC

**Contractor Information**

FEIN:542075236

**Mack Enterprises, LLC**

**Mailing Address**

61 W. Emerson Ave.

Rahway NJ 07065

Asbestos License Number: 60028

**Duly Authorized Representative**

Dana Mihailovic, Director

**Phone Number:** 973-759-5284

**E-mail Address:** mackenterprises@earthlink.net

**Project Information**

**Project Start Date:** 4/1/2012

**Project End Date:** 9/1/2012

**Project Location County:** Westchester

**Worker Compensation**

**Worker Compensation Policy#:**

**WC Exemption Certificate#:**

**Number of your employees you expect to be on project:**

**Will temporary workers be used?**

**If yes, name of temporary agency:**

**Project Location**

**Building Name:** SUNY Purchase Building 45

**Room or Location:**

**Bridge ID#:**

**Address Line 1:** 735 Anderson Hill Road

**Address Line 2:**

**City Town or Village:** Purchase

**State:** New York

**Zip Code:** 10577

**Building Information**

Current Use: School  
Prior Use: School  
Approximate Year Built: 1960  
Size(sq.ft): 40000  
Is this fee exempt project?: NO  
Reason:

**Building Representative/Site Contact**

Name: Sal Boccio  
Phone Number: 914-962-5337  
E-mail Address:  
Cell Phone Number:

**Phase Details**

Phase #	Phase Start Date	Phase End Date	Phase Location	Phase Scope
1	4/1/2012	4/11/2012	Building 45, Purchase, NY	in wall flashing CrossRoad North elevation
2	5/21/2012	9/1/2012	Building 45	TBD (exterior window glazing, in wall flashing, popcorn ceiling)

**Sub-Contractor Details**

Name: Asbestos License Number:

**Night/Weekend/Shift Work Details**

7am-7pm business days, weekend

**Party for Whom Work is being Performed**

First Name:	Sal	Last Name:	Boccio
Organization:	RokBuilt Construction		
Apt./Suite:		Address Line 1:	1725 Front Street
Address Line 2:		City Town or Village:	Yorktown Heights
Province:		State:	NY
Zip Code:	10598	Country:	United States
Contract Dollar Amount:	\$500,000.00		

**Variance Information**

AV-A-3:Non-friable ACM Floor Covering Mastic Removal Using Chemical Methods along with Low-speed Floor Buffers.  
Individual Variances Pending

**Procedures and Type of Equipment and Ventilation Systems Used**

Negative air filtration units, hepa vacuums, airless sprayers

**Air Monitoring Firm**

Name: Atlantic Testing Laboratories, Limited  
Asbestos License Number: 29276

**Laboratory Performing Analysis**

Name: Ameri Sci, Inc  
ELAP Registration Number: 11480

**Type of Asbestos Work**

Pipe Related:	No	Siding:	No
Clean up:	No	Vessel covering:	No
Caulking/mastic:	No	Spray-on insulation:	No
Roofing/flashing:	No	VAT:	No
Demolition:	No	Demolition Ref#:	
Other-specify:	in-wall flashing		

**Waste Transporter**

Name: Newark Carting  
NYS DEC or EPA Permit Number: NJ-566  
Phone Number: 973-491-0034  
Apt./Suite:  
Address Line 1: POB 5670  
Address Line 2:  
City Town or Village: Newark  
Province:  
State: NJ  
Zip Code: 07105  
Country: United States

**Landfill**

Name: TRRF  
Phone Number: 800-869-5566  
Apt./Suite:  
Address Line 1: 200 Bordentown Road  
Address Line 2:  
City Town or Village: Tullytown  
Province:  
State: PA  
Zip Code: 19007  
Country: United States

**Type and Amount of Asbestos Containing Material**

Friable linear feet:	0	Friable square feet:	0
Non-friable linear feet:	0	Non-friable square feet:	423

**Fee**

Total linear feet: 0.0  
Total square feet: 423.0  
Total Fee: 400.0

**Project Fee Schedule**

If the notification was submitted prior to 4/7/09, the actual project fee is one half of the amount shown on the fee schedule

Linear Feet:	Fee	Square Feet:	Fee
0 - 259 feet:	\$0	0 - 159 feet:	\$0
260 - 429 feet:	\$200	160 - 259 feet:	\$200
430 - 824 feet:	\$400	260 - 499 feet:	\$400
825 - 1649 feet:	\$1000	500 - 999 feet:	\$1000
1650 or more feet:	\$2000	1000 or more feet:	\$2000

**Remarks**

TRANSMISSION VERIFICATION REPORT

TIME : 04/02/2012 23:43  
NAME : USEPA:DECA  
FAX : 4  
TEL : 12126374035  
SER.# : BROA5J198276

DATE, TIME	04/02 23:41
FAX NO./NAME	919737595794
DURATION	00:02:07
PAGE(S)	09
RESULT	OK
MODE	STANDARD
	ECM



**FedEx** Express **US Airbill**

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0200

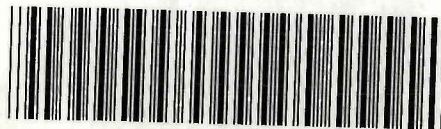
Form  
ID No.

**FedEx Retrieval Copy**

**1 From**  
Date 3/4/2/12 Sender's FedEx Account Number 319-521-631  
Sender's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Company MACU Enterprises  
Address 120 Greylock ave  
City Belleville State NJ ZIP 07109 Dept./Floor/Suite/Room \_\_\_\_\_

**2 Your Internal Billing Reference**

**3 To**  
Recipient's Name Rosalie Sberna Phone \_\_\_\_\_  
Company US EPA Region 2  
Recipient's Address 290 Broadway 21st fl.  
We cannot deliver to P.O. boxes or P.O. ZIP codes.  
Address \_\_\_\_\_  
To request a package be held at a specific FedEx location, print FedEx address here.  
City New York State NY ZIP 10007



8620 4426 7748

**4a Express Package Service**

☒ **1** FedEx Priority Overnight  
Next business morning.\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  
☐ **5** FedEx Standard Overnight  
Next business afternoon.\* Saturday Delivery NOT available.  
☐ **6** FedEx First Overnight  
Earliest next business morning delivery to select locations.\* Saturday Delivery NOT available.  
☐ **3** FedEx 2Day  
Second business day.\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  
☐ **20** FedEx Express Saver  
Third business day.\* Saturday Delivery NOT available.  
\* To most locations. FedEx Envelope rate not available. Minimum charge: One-pound rate.

**4b Express Freight Service**

☐ **7** FedEx 1Day Freight\*  
Next business day.\*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  
☐ **8** FedEx 2Day Freight  
Second business day.\*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  
☐ **83** FedEx 3Day Freight  
Third business day.\*\* Saturday Delivery NOT available.  
\* Call for Confirmation. \*\* To most locations.

**5 Packaging**

☒ **6** FedEx Envelope\* ☐ **2** FedEx Pak\*  
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.  
☐ **3** FedEx Box ☐ **4** FedEx Tube ☐ **1** Other  
\* Declared value limit \$500.

**6 Special Handling**

☐ **3** SATURDAY Delivery  
Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.  
☐ **1** HOLD Weekday at FedEx Location  
Not available for FedEx First Overnight.  
☐ **31** HOLD Saturday at FedEx Location  
Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.  
Include FedEx address in Section 3.  
Does this shipment contain dangerous goods?  
One box must be checked.  
☐ **No** ☐ **4** **Yes**  
As per attached Shipper's Declaration. ☐ **Yes**  
Shipper's Declaration not required.  
☐ **6** Dry Ice  
Dry Ice, 9, UN 1845, \_\_\_\_\_ x \_\_\_\_\_ kg  
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging. ☐ **Cargo Aircraft Only**

**7 Payment**

☒ **1** Sender Acct. No. in Section 1 will be billed.  
☐ **2** Recipient ☐ **3** Third Party ☐ **4** Credit Card ☐ **5** Cash/Check  
Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No. \_\_\_\_\_

Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_

\*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details. Credit Card Auth. \_\_\_\_\_

**8 Residential Delivery Signature Options**

If you require a signature, check Direct or Indirect.

☐ **No Signature Required**  
Package may be left without obtaining a signature for delivery.  
☐ **10** Direct Signature  
Someone at recipient's address may sign for delivery. Fee applies.  
☐ **34** Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies.

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